

CITY OF LOS ANGELES
DEPARTMENT OF CITY PLANNING
REQUEST FOR REVISED TENTATIVE TRACT MAP

NOTE: APPLICATION WILL NOT BE ACCEPTED IF IT DOES NOT FULLY CONFORM WITH ALL WRITTEN CONDITION OF A TRACT APPROVAL

TYPE OR PRINT NEATLY AND PROVIDE COMPLETE INFORMATION. IF QUESTION IS NOT APPLICABLE, SO STATE. INFORMATION MAY BE CONTINUED ON ADDITIONAL SHEET, IF NECESSARY.

SUBMIT THE FOLLOWING:

1. Twenty Eight (28) copies of this application.
2. Twenty Eight copies (28) of tentative tract conditions of approval and subsequent modifications, zone change or appeal conditions, if any.
3. Twenty Eight (28) copies of the proposed revised tract map (folded to 8½" x 11 "). Attach a copy of this application to each revised map.
4. Filing Fee.

THIS FORM MUST BE PRESENTED IN PERSON

TRACT NO. 72370 COUNCIL DISTRICT NO. 4

1. Street address of property: 8150 Sunset Boulevard
2. If tract is a unit or part of another tract, indicate related tract number: _____
3. Existing zone is C4-1D. Proposed zone is No change, approved under City Planning Case No. Ord. 164,714 on _____ by the () City Planning Commission and/or () City Council (Council File No. _____). Property has been considered at a public hearing for: _____ Conditional Use _____ Variance _____ Other (specify) _____ under Case Nos. _____
4. Community/District Plan Area: Hollywood. Land use designation per adopted and/or proposed Community Plan: Neighborhood Office Commercial
5. Tract Approval Date: N/A Existing Tract Map Date: 9/4/13
6. Type of environmental clearance (must conform to revised tentative tract map request) and reference number: ENV-2013-2552-EIR
7. Have any appeals been filed on this tract? N/A YES _____ NO. If YES, state appellant's name _____ and date appeal was acted on by City Planning Commission and/or City Council _____
8. Will revised tentative tract map request affect any covenants and agreements already recorded? YES _____ NO X. If YES, please note on a separate sheet which conditions are affected, and attach the corresponding recorded covenant document number.

STATEMENT OF REVISED TENTATIVE TRACT MAP REQUEST

Revised Tract Map Will Change:

- | | |
|---|--|
| <input type="checkbox"/> Size or shape of original tract map | <input type="checkbox"/> Number or size of dwelling units |
| <input type="checkbox"/> Number, size or location of parking spaces | <input checked="" type="checkbox"/> Number, shape, or size of any lots. ¹ |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Number of Trees. | <input type="checkbox"/> Open Space |
| <input type="checkbox"/> Other | <input type="checkbox"/> Solar access |

*Give details of all changes on a supplemental sheet.

This is a request for (check one): Add supplemental sheets if necessary

1. () The revised tentative tract map is being submitted to satisfy a condition(s) of the tract approval. Give Condition No(s). _____
 _____ Number and explain in detail how the revised tract map satisfies each of these conditions (s) _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. () The revised tract map is the applicant's request for a change of the approved tract map and do not affect the conditions required by the tract map approval. Explain in detail what changes are proposed and why these changes should be approved _____

¹ The number of lots remains unchanged (one master lot and 10 airspace lots). The sizes and shapes of the airspace lots have been revised to reflect a revised design alternative.

3. (X) This revised tract map is submitted prior to the required public hearing and Advisory Agency determination, and will not affect information on the hearing notice.

CURRENT OWNER

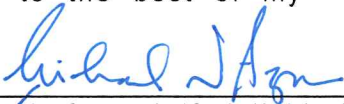
Name AG SCH 8150 Sunset Boulevard Owner
Address PO Box 10506
City Beverly Hills Zip 90213
Telephone: (310) 285-7081

CURRENT ENGINEER/SURVEYOR

Name Psomas
Address 555 S. Flower Street, Suite 4300
City Los Angeles Zip 90071
Telephone: (213) 223-1400

I certify that the statements on this form are true to the best of my knowledge.

Signature: _____
() Owner or Subdivider


(☒) Owner's/Subdivider's representative

FOR OFFICE USE ONLY

Filing Fee _____

Date Received _____

By _____
Department of City Planning
Division of Land Section

Fee Paid

Receipt No. _____

Assigned To: _____

By _____

Date _____